MONROE MANOR NURSING/REHABILITATION

516 26TH AVENUE

MONROE	53566	Phone: (608) 325-9141		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/02):	74	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/02):	74	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31,	/02:	61	Average Daily Census:	67

		Length of Stay (12/31/02)	%				
Home Health Care Supp. Home Care-Personal Care	No No	l e e e e e e e e e e e e e e e e e e e	%	Age Groups	8	Less Than 1 Year	50.8
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	13.1		14.8
Day Services	No	Mental Illness (Org./Psy)		65 - 74	16.4	İ	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	41.0	Ì	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	1.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.9			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	11.5		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	19.7	65 & Over	86.9		
Transportation	No	Cerebrovascular	11.5			RNs	8.6
Referral Service	No	Diabetes	3.3	Sex	양	LPNs	13.2
Other Services	Yes	Respiratory	4.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	42.6	Male	19.7	Aides, & Orderlies	41.3
Mentally Ill	No			Female	80.3	I .	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I .	

## Method of Reimbursement

		edicare			edicaid			Other			Private Pay			amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	3	7.7	125	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4.9
Skilled Care	14	100.0	227	35	89.7	107	0	0.0	0	8	100.0	142	0	0.0	0	0	0.0	0	57	93.4
Intermediate				1	2.6	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		39	100.0		0	0.0		8	100.0		0	0.0		0	0.0		61	100.0

MONROE MANOR NURSING/REHABILITATION

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		90.2	9.8	61
Other Nursing Homes	0.7	Dressing	19.7		70.5	9.8	61
Acute Care Hospitals	90.5	Transferring	16.4		73.8	9.8	61
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.0		67.2	9.8	61
Rehabilitation Hospitals	0.0	Eating	75.4		16.4	8.2	61
Other Locations	1.1	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	******	******
Cotal Number of Admissions	275	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Exter:	nal Catheter	1.6	Receiving Resp	iratory Care	14.8
Private Home/No Home Health	33.5	Occ/Freq. Incontine	nt of Bladder	54.1	Receiving Trac	heostomy Care	4.9
Private Home/With Home Health	25.5	Occ/Freq. Incontine	nt of Bowel	24.6	Receiving Suct	ioning	4.9
Other Nursing Homes	2.2	1			Receiving Osto	my Care	3.3
Acute Care Hospitals	17.6	Mobility			Receiving Tube	Feeding	6.6
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diet	s 29.5
Rehabilitation Hospitals	0.0	i i				-	
Other Locations	9.0	Skin Care			Other Resident C	haracteristics	
Deaths	12.2	With Pressure Sores		8.2	Have Advance D	irectives	91.8
otal Number of Discharges		With Rashes		6.6	Medications		
(Including Deaths)	278	I			Receiving Psyc	hoactive Drugs	50.8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\*

***************************************												
		Own	ership:		Size:		ensure:					
	This	This Propri		50	-99	Ski	lled	Al				
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	90	olo	Ratio	엉	Ratio	olo	Ratio	용	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	89.9	80.0	1.12	83.5	1.08	83.3	1.08	85.1	1.06			
Current Residents from In-County	73.8	73.3	1.01	72.9	1.01	75.8	0.97	76.6	0.96			
Admissions from In-County, Still Residing	8.0	19.2	0.42	22.2	0.36	22.0	0.36	20.3	0.39			
Admissions/Average Daily Census	410.4	136.0	3.02	110.2	3.73	118.1	3.48	133.4	3.08			
Discharges/Average Daily Census	414.9	138.5	3.00	112.5	3.69	120.6	3.44	135.3	3.07			
Discharges To Private Residence/Average Daily Cens	us 244.8	59.1	4.14	44.5	5.50	49.9	4.90	56.6	4.33			
Residents Receiving Skilled Care	98.4	93.4	1.05	93.5	1.05	93.5	1.05	86.3	1.14			
Residents Aged 65 and Older	86.9	95.9	0.91	93.5	0.93	93.8	0.93	87.7	0.99			
Title 19 (Medicaid) Funded Residents	63.9	73.2	0.87	67.1	0.95	70.5	0.91	67.5	0.95			
Private Pay Funded Residents	13.1	16.8	0.78	21.5	0.61	19.3	0.68	21.0	0.62			
Developmentally Disabled Residents	0.0	0.9	0.00	0.7	0.00	0.7	0.00	7.1	0.00			
Mentally Ill Residents	1.6	33.7	0.05	39.0	0.04	37.7	0.04	33.3	0.05			
General Medical Service Residents	42.6	19.3	2.21	17.6	2.42	18.1	2.36	20.5	2.08			
Impaired ADL (Mean)	42.0	46.1	0.91	46.9	0.90	47.5	0.88	49.3	0.85			
Psychological Problems	50.8	51.2	0.99	54.6	0.93	52.9	0.96	54.0	0.94			
Nursing Care Required (Mean)	9.8	7.2	1.37	6.8	1.46	6.8	1.45	7.2	1.37			